


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. DP-304592/DE3-0214	
Applicant(s): REENY T. SEBASTIAN				
Serial No. 09/989,486	Filing Date 11/20/2001	Examiner BRIAN J. BROADHEAD	Group Art Unit 3661	
Invention: REAR STEERING SENSOR DIAGNOSTIC ALGORITHM FOR FOUR-WHEEL STEERING SYSTEMS				
<div style="text-align: right;">RECEIVED CENTRAL FAX CENTER JUN 22 2004</div> <p>I hereby certify that this _____ amendment (12 pages) (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)</p> <p>on June 22, 2004 (Date)</p> <div style="text-align: right; font-size: 2em; opacity: 0.5;">OFFICIAL</div> <div style="text-align: center;"><p>Noelle T. Erickson (Typed or Printed Name of Person Signing Certificate)</p><p><i>Noelle T. Erickson</i> (Signature)</p></div>				
Note: Each paper must have its own certificate of mailing.				

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. DP-304592/DE3-0214		
Applicant(s): REENY T. SEBASTIAN ET AL.					
Serial No. 09/989,486	Filing Date 11/20/2001	Examiner BRIAN J. BROADHEAD	Group Art Unit 3661		
Invention: REAR STEERING SENSOR DIAGNOSTIC ALGORITHM FOR FOUR-WHEEL STEERING SYSTEMS					
RECEIVED CENTRAL FAX CENTER JUN 22 2004 OFFICIAL					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20	20	0	x \$18.00	\$0.00
INDEP. CLAIMS	8	7	1	x \$86.00	\$86.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$86.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$86.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: June 22, 2004		
Troy J. LaMontagne Registration No. 47,239 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone: (860) 286-2929 Customer No. 23413			I certify that this document and fee is being deposited on June 22, 2004 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
CC:			Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		

RECEIVED
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 22 2004

OFFICIAL

APPLICANT: REENY T. SEBASTIAN ET AL.)
SERIAL NUMBER: 09/989,486) Group Art Unit; 3661
FILED: November 20, 2001) Examiner:
FOR: REAR STEERING SENSOR) Broadhead, Brian J.
DIAGNOSTIC ALGORITHM FOR) Confirmation No. 9883
FOUR-WHEEL STEERING SYSTEMS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

In response to the Office Action mailed March 26, 2004 with regard to the above referenced Patent Application, Applicants request reconsideration of the claims in view of the following amendments and remarks.